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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See specific Instructions

C
United Way of North Central Iowa
600 1st Street NW #102
Mason City, IA 50401

D Employer Identification Number
42-0680431

E Telephone number
641-423-1774

G Gross receipts $ 1,071,094.

F Name and address of principal officer Jennifer Kammeyer
Same As C Above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.unitedwaynci.org

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation 1923 **M** State of legal domicile IA

SCANNED NOV 02 2010

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OGDEN, UT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The United Way of North Central Iowa is a nonprofit service organization which seeks to build a stronger, more caring community by forming partnerships with businesses, community experts, education and health and human service agencies to achieve targeted outcomes and sustained		
	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of employees (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	850
	7a	Total gross unrelated business revenue from Part VIII, column (C), line	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,078,035.	1,046,722.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,806.	7,970.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,359.	10,329.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,098,200.	1,065,021.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	803,324.	642,601.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	233,590.	247,977.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 123,771.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	144,823.	138,748.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,181,737.	1,029,326.
	19	Revenue less expenses Subtract line 18 from line 12	-83,537.	35,695.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,591,176.	1,558,861.
	21	Total liabilities (Part X, line 26)	347,656.	279,646.
	22	Net assets or fund balances Subtract line 21 from line 20	1,243,520.	1,279,215.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date: 10/12/10

► Jennifer Kammeyer, Chief Professional Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► James R. Potter	Date: 10-15-10	Check if self employed ► ☐	Preparer's identifying number (see instructions): P00025648
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Potter & Brant, P.L.C. PO Box 7 Clear Lake, IA 50428-0007		EIN ► 20-2032164	Phone no ► (641) 357-5291

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 699,773. including grants of $) (Revenue $)

Fund Distribution - The process by which fifty to sixty community-wide volunteers donate more than 1,000 hours of volunteer time to distribute the funds of the United Way Community Solutions Fund to the most critical health and human service needs throughout the ten county region. This is done by review of the partner agencies' applications for funding, visits to the agency sites, and thorough reviews of their financial information and budgets. The distribution of the funds is categorized under the following four focus areas: community basics, investing in children and youth, prevention and reduction of substance abuse, and maximizing independence. See Statement 1 for detail information.

4b (Code) (Expenses $ 93,169. including grants of $) (Revenue $)

Year Around Presence - Includes the organization's continuous involvement in the community in order to increase stakeholder knowledge of the United Way and its activities, and to keep the organization connected with the activities which they intend to focus on. The process develops collaboration with these entities to improve health and human services in the ten county region, leveraging the effort of those striving for a common goal.

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 792,942.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12 A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 22		
b	Enter the number of voting members that are independent	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official See Schedule O	15a	X	
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Jennifer Kammeyer 600 1st Street NW, 102 Mason City IA 50401 641-423-1774

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Cindy Plantz Member	1	X						0.	0.	0.
Martin Borske Past President	1	X						0.	0.	0.
Chris Deets Member	1	X						0.	0.	0.
Gary Pyle President	3	X		X				0.	0.	0.
Allen Grooters Member	1	X						0.	0.	0.
Mark Tesar Member	1	X						0.	0.	0.
Steve Bammert Member	1	X						0.	0.	0.
Darshini Jayawardena Member	1	X						0.	0.	0.
Andrea Mujica Member	1	X						0.	0.	0.
Tim Putnam Member	1	X						0.	0.	0.
Mark Evers Member	1	X						0.	0.	0.
Craig Miller Member	1	X						0.	0.	0.
Kim Pang Member	1	X						0.	0.	0.
Jay Lala Member	1	X						0.	0.	0.
Cathy Swager Vice President	3	X		X				0.	0.	0.
Gary Reynolds Member	1	X						0.	0.	0.
Randy Haskins Member	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Whipple Treasurer	3	X		X				0.	0.	0.
Dalena Barz Member	1	X						0.	0.	0.
Joe Albers Member	1	X						0.	0.	0.
Jere Merrill Member	1	X						0.	0.	0.
Dave Patrick Member	1	X						0.	0.	0.
Jennifer Kammeyer Executive Direc	40			X				70,451.	0.	0.
1b Total							►	70,451.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,046,722.			
	g Noncash contribns included in lns 1a-1f	$				
	h **Total.** Add lines 1a-1f		1,046,722.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		7,970.			7,970.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 6,846.				
	b Less direct expenses	b 6,073.				
	c Net income or (loss) from fundraising events		773.			773.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous		9,556.			9,556.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		9,556.			
	12 **Total revenue.** See instructions		1,065,021.	0.	0.	18,299.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	642,601.	642,601.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,451.	21,418.	35,765.	13,268.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	132,028.	45,570.	35,235.	51,223.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	31,044.	10,899.	7,188.	12,957.
10 Payroll taxes	14,454.	4,749.	5,239.	4,466.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,745.	3,061.	2,186.	3,498.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	9,848.	7,738.	279.	1,831.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	8,284.	2,900.	2,071.	3,313.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,373.	7,884.	2,009.	6,480.
20 Interest				
21 Payments to affiliates	14,625.		14,625.	
22 Depreciation, depletion, and amortization	5,873.	2,056.	1,468.	2,349.
23 Insurance	4,442.	1,270.	907.	2,265.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Contracted Services	26,335.	24,619.		1,716.
b Supplies	18,016.	10,903.	2,756.	4,357.
c Printing and Publications	7,552.	1,702.	933.	4,917.
d Telephone	4,967.	1,761.	1,258.	1,948.
e Service Fees	4,737.			4,737.
f All other expenses	8,951.	3,811.	694.	4,446.
25 Total functional expenses Add lines 1 through 24f	1,029,326.	792,942.	112,613.	123,771.
26 **Joint costs.** Check here ► [X] if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		287,510.	1	320,524.
	2	Savings and temporary cash investments		315,659.	2	394,933.
	3	Pledges and grants receivable, net		957,584.	3	824,617.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,953.	9	4,009.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 67,983.			
	b	Less accumulated depreciation	10b 58,540.	15,316.	10c	9,443.
	11	Investments – publicly-traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,154.	15	5,335.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		1,591,176.	16	1,558,861.
LIABILITIES	17	Accounts payable and accrued expenses		10,330.	17	23,318.
	18	Grants payable		195,731.	18	166,763.
	19	Deferred revenue		6,748.	19	3,936.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		134,847.	25	85,629.
	26	**Total liabilities.** Add lines 17 through 25		347,656.	26	279,646.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		182,446.	27	289,443.
	28	Temporarily restricted net assets		1,061,074.	28	989,772.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,243,520.	33	1,279,215.
	34	Total liabilities and net assets/fund balances		1,591,176.	34	1,558,861.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
United Way of North Central Iowa	42-0680431

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g (i)**		
(ii) a family member of a person described in (i) above? **11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1,065,746.	1,097,564.	1,370,943.	1,073,035.	1,046,722.	5,654,010.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-through 3	1,065,746.	1,097,564.	1,370,943.	1,073,035.	1,046,722.	5,654,010.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						5,654,010.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,065,746.	1,097,564.	1,370,943.	1,073,035.	1,046,722.	5,654,010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,621.	2,433.	17,268.	15,806.	7,970.	45,098.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	3,306.	3,352.	7,750.	7,187.	16,402.	37,997.
11 **Total support.** Add lines 7 through 10						5,737,105.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	98.6 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.9 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer Identification number

42-0680431

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		2,201.	1,188.	1,013.
d Equipment		65,782.	57,352.	8,430.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				9,443.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Deposits Held for Others	1,630.
Donor Designations Payable	83,999.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	85,629.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,065,021.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,029,326.
3	Excess or (deficit) for the year Subtract line 2 from line 1	35,695.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	35,695.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,111,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	40,281.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	40,281.
3	Subtract line **2e** from line **1**			3	1,071,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) See Part XIV	4b	-6,073.		
c	Add lines **4a** and **4b**			4c	-6,073.
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,065,021.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,075,680.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	40,281.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	6,073.		
e	Add lines **2a** through **2d**			2e	46,354.
3	Subtract line **2e** from line **1**			3	1,029,326.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)			5	1,029,326.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV **Supplemental Information** *(continued)*

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa CASA Program 220 N Washington Mason City, IA 50401	42-1471727		19,514.				Child Advocacy Program
Iowa Legal Aid 600 1st St NE, STE 103 Mason City, IA 50401	42-1079227		47,935.				Assist Disabled PPL
Kossuth County C.A.R.E. PO Box 353 Algona, IA 50511	42-1329834		18,335.				Loving Hands Nursery
Lake Mills Preschool 711 Hwy 69 N Lake Mills, IA 50450	42-1235795		16,236.				Tuition Assistance
Mason City Family YMCA 1840 S Monroe Ave Mason City, IA 50401	42-0680330		5,289.				Kid Fit, Swim, Youth
Meals on Wheels 606 N Monroe Mason City, IA 50401	42-0954145		17,732.				Noon Meals-Homebound
Mental Health Center 235 S Eisenhower Mason City, IA 50401	42-0763978		25,478.				Franklin Co, Renew
North Iowa Community Action 218 5th St Sw Mason City, IA 50401	42-0921505		10,000.				Disaster Recovery
North Iowa Community Action 621 S Adams Mason City, IA 50401	42-0921505		62,120.				Bridges Mentoring
North Iowa Transition Center PO Box 1503 Mason City, IA 50401	42-1149822		6,272.				Transitional Program

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Grant recipients are required to submit quarterly reports that detail progress toward outcomes and how many units have been used. This information is reviewed by staff and volunteers. When recipients do not perform properly, payments are withheld.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► **Attatch to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of North Central Iowa

Employer identification number
42-0680431

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adult Day Care 221 19th St SW Mason City, IA 50401	36-2167910		14,637.	0.			Senior Activities
Algona Family YMCA 2101 E McGregor Algona, IA 50511	42-1225829		16,209.	0.			After School, Summer
Charlie Brown Preschool 600 1st St SW, STE 108 Mason City, IA 50401	42-0938576		71,002.	0.			Special Needs Care
Community Kitchen 606 N Monroe Mason City, IA 50401	42-1285253		13,260.	0.			Feeding the Hungry
Crisis Intervention PO Box 656 Mason City, IA 50401	42-1080685		89,629.	0.			Comm Educ & Shelter
Francis Lauer Youth Services 50 N Eisenhower Mason City, IA 50401	42-1378778		44,222.	0.			Outpatient Counsel
Girl Scouts/North Iowa Council 601 S Illinois Ave Mason City, IA 50401	42-0698218		8,817.	0.			Enhancement & Summer
Hanson Family Life 306 S 6th St Forest City, IA 50436	42-1464714		11,673.	0.			Tuition Assistance

2 Enter total number of section 501(c)(3) and government organizations ► 23

3 Enter total number of other organizations ► 0

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Iowa Vocational Center PO Box 428 Mason City, IA 50402	42-0951757		32,119.				Joblink & Work Skill
Opportunity Village PO Box 622 Clear Lake, IA 50428	42-0953968		17,758.				Vocat./Day Activity
Parents United 600 1st St NW #107 Mason City, IA 50401	42-1208428		57,587.				Youth Under Treatment
RSVP - Waldorf College 106 S 6th St Forest City, IA 50436	42-0680374		14,161.				Reading Buddies
Salvation Army 122 S Adams Mason City, IA 50401	36-2167910		6,976.				Tutor Plus+

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of North Central Iowa

Employer identification number
42-0680431

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Brandi Evers	Family of Trustee	31,859.	Employee Compensation		X

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of North Central Iowa

Employer identification number
42-0680431

Form 990, Part III, Line 1 - Organization Mission

The United Way of North Central Iowa is a nonprofit service organization which seeks to build a stronger, more caring community by forming partnerships with businesses, community experts, education and health and human service agencies to achieve targeted outcomes and sustained changes in community conditions which will improve the lives of North Central Iowans.

Form 990, Part VI, Line 11 - Form 990 Review Process

Board reviews Form 990 prior to it being filed and notifies the Executive Director with any questions or concerns.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors are required to identify their conflicts of interest by completing and signing the policy annually.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

The executive committee uses comparable data from United Way of America Performance Research 2007 - United Way Human Capital Study: Executive Salary Report and also uses the executive director's overall yearly performance evaluation and feedback recorded in the employees file to determine the compensation amount for the executive director.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available to public on website and upon request.

Name of the organization: United Way of North Central Iowa

Employer identification number: 42-0680431

AGENDA FOR COMMUNITY IMPACT

EXECUTIVE BRIEF

June 2010 Version 2.0

GIVE. ADVOCATE. VOLUNTEER.

LIVE UNITED™

United Way
United Way of North Central Iowa

In May 2009, United Way of North Central Iowa's Board of Directors ratified the April 2009 Board Advance tenets that follow and has embarked on an exciting new approach to having significantly greater impact on issues facing our region – Community Impact.

April 2009 Board Advance tenets:

1 Move from an annual cycle of funding agency program outcomes to a system of funding outcomes based on United Way established criteria
2 The three outcome areas:
   - Education Helping children and youth achieve their potential
   - Income: Promoting financial stability and independence.
   - Health Improving the health of all people
3. Form three community impact teams, one for each outcome area
4 Continue to help people in crisis today and to do so by molding or relocating the crisis services to one or more outcome areas
5 Safety Net Services not being a true outcome but a means to an outcome
6 Not to be all things to all people We need to identify local gaps for needed services.
7 Have a strategy that will allow us to see a difference in our community
8. A 2-year plan, but understand it takes 5 years to change a culture
9 This is a journey, not a destination

Much has happened since that time. We have

- Mobilized volunteers representing businesses, donors and content experts to three Delegation Teams focused on Education, Income and Health
- Brainstormed with them to answer "What steps could we take to improve the education, income and health of residents of north central Iowa?"
- Conducted a Practical Vision Workshop to answer the question What do we want to see in place in 2-3 years as a result of our actions?
- Conducted a Reality in Relation to the Vision Workshop asking: What is our current reality? What are our strengths and weakness?
- Conducted an Underlying Contradictions Workshop asking What is blocking us from moving toward our vision?
- Invited Subject Matter Experts to examine data/trends asking them: What do we need to know about our current reality, underlying obstacles, and best practices to move forward?
- And finally, held a Strategic Directions Workshop asking What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?

This Agenda for Community Impact is designed to be fluid and ever-evolving – we know that we will want to refine the Agenda with new knowledge and ongoing monitoring of community conditions and issues.

The Agenda for Community Impact is a call to action to create long-lasting changes that prevent problems from happening in the first place We believe it is through collective, focused action that we will advance the common good in our region by creating opportunities for a better life for all We invite you to be part of the change Together, united, we can inspire hope and create opportunities for a better tomorrow That's what it means to LIVE UNITED

Cathy Swager
President

Jere Merrill
Co-Chair, Community Impact

Dave Patrick
Co-Chair Community Impact

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED™

600 1st Street NW, Suite 102 • Mason City, IA 50401 • 641-423-1774 • unitedwaynci org

INTRODUCTION

Community Impact Defined

For most of its history, United Way worked to improve lives by mobilizing the financial resources of businesses, individuals and foundations in support of direct service programs – the foundation of our work, now and into the future However, despite the money raised and the services provided, many problems in our community continued and some even grew worse

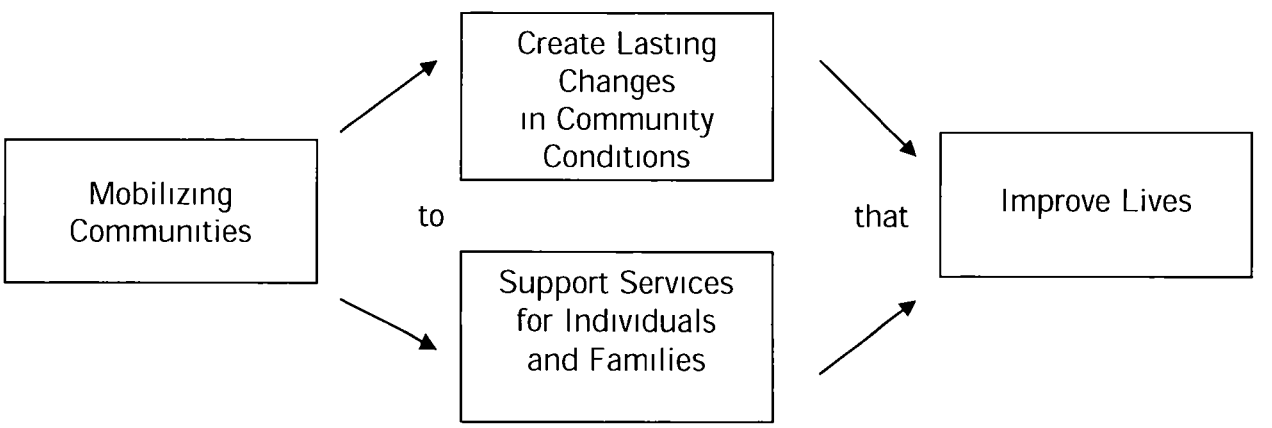
While our community had, for example, provided high-quality child care that improved thousands of children's lives, we didn't know what percentage of our children were ready to succeed in kindergarten. While we provided programs to help youth build character and skills, a large percentage of them were not graduating from high school While many adults received job training, too many did not attain and retain jobs

To address these larger, systemic issues, United Way saw a need to deal with the conditions that created them in the first place. Doing so called for a change in how United Way does its work; a change that requires focusing collective action on establishing goals, identifying strategies and measurements and mobilizing the resources – people and financial – to find and deliver solutions to the problems keeping our community from being stronger.

While impact at the program level – or direct service – is essential to community-level change, we must also be looking at systemic change Systemic change moves beyond the individual and works to influence systems – systems can be on many different levels, there is the human service delivery system, a school system, a system of care for the elderly Changing community attitudes and building community will is also working with systems

One example of systemic change that could move the needle on having our children achieve academic success is the use of standardized assessments at kindergarten entry. This strategy lets teachers plan individualized interventions, ensuring children's healthy development and their positive progress through school, so they will graduate and become successful and financially stable adults

Evolving over the past decade but taking a dramatic leap forward with the adoption of the Agenda for Community Impact in June 2010, United Way is implementing a new model focused on mobilizing diverse resources and partnerships that go beyond the dollars pledged through the annual campaign Our partners include nonprofit human service agencies, schools, government policy-makers and bodies, businesses, voluntary associations, the faith community, and others working together to change the conditions to improve the lives not just of program clients, but of community populations This is what we call community impact



Why Develop an Agenda for Community Impact

The basis for development of the Agenda for Community Impact can be summarized as a commitment to establishing long-term community goals, determining how we'll measure success, developing and implementing the right multi-dimensional strategies, and measuring results over time. The Agenda

- Tracks community trends that relate to the identified community indicators
- Establishes and prioritizes outcomes or goals
- Builds on existing community strengths and assets
- Addresses gaps and redundancies in services
- Identifies multi-dimensional strategies needed to create community change
- Measures progress and results
- Requires supporting partnerships and collaboration

Key Principles

The Agenda for Community Impact is based on three key principles:

1 The Agenda's work is an integrated whole, rather than independent outcomes or goals. This integration distinguishes the Agenda from past United Way work toward visions, goals or strategic initiatives. To be effective, the parts must be seen as working together toward common outcomes one effort cannot be undertaken without determining how it will support or affect another

2. The Agenda drives all of United Way's work – strategy development, resource development, marketing, accountability, and services – and its effort to partner with others to advance the common good

3 While United Way could work on practically every issue in the human service arena, the Agenda strives to answer the question· How can we have maximum impact on improving our community and peoples' lives? This means being strategic and making hard choices. It means engaging in continuous improvement and making adjustments over time And it means that the question of maximum impact must be constantly posed, and answered with the best strategies and the most scalable solutions known at the time

Education

Helping Children and Youth Achieve their Potential.

What we have learned on this journey:

- Last school year alone, 144 high school students in our nine county region did not graduate on time
- Mason City High School's graduation rate dropped 10% last year to 79%, putting them 8% below the state average.
- Academic achievement and graduation rates are lower for males, minorities, and students from lower socio-economic status, students with Individual Education Plan (IEP), and those with behavioral / mental health problems.
- School districts in our region have lost $1.3 million in state funding due to budget cuts. This has resulted in teacher and paraprofessional cuts as well as program reductions including mentoring, tutoring, summer and after-school programs for students in need.
- 55% of our local kindergartners come prepared to school in terms of literacy skills (2008 Early Childhood Iowa Report)
- Iowa ranks third in the nation for having both parents in the workforce, emphasizing the need for access to quality preschool.
- Education delegation team members all agree there is a need for a universal measurement tool for Pre-K readiness. Also in agreement on a need for more parental involvement in schools for underachieving students.
- In the past ten years there has been an increase in the number of 16-21 year olds who are neither enrolled in school nor employed (Idle Youth).
- Transportation is a barrier for low income families to quality educational services outside of the school day.
- School needs to be more relevant to those who do not plan on attending a four year university; more vocational-technical opportunities, experiential learning, and 21st century learning

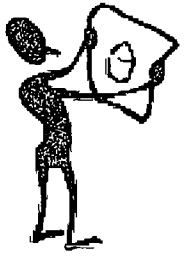
OVERARCHING FOCUS QUESTION:

What steps could we take to improve the education, income and health of residents in north Central Iowa?

PRACTICAL VISION WORKSHOP QUESTION:

90 minutes

What do we want to see in place in 3 years as a result of our actions?

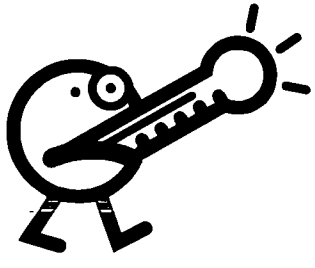


What information do we need?

CURRENT REALITY IN RELATION TO THE VISION

20 minutes

What is our current reality? What are our strengths and weaknesses?



UNDERLYING CONTRADICTIONS WORKSHOP QUESTION:

60 Minutes

What is blocking us from moving toward our vision?

SUBJECT MATTER EXPERTS:

90 Minutes

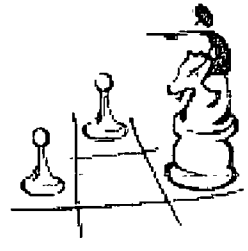
What do we need to know about our current reality, underlying obstacles, and best practices to move forward?

Select Subject Matter Experts

STRATEGIC DIRECTIONS WORKSHOP QUESTION:

60 minutes

What innovative, substantial actions will deal with the underlying contradictions and move us toward our



vision?

ALIGN AND RATIFY RESULTS...ON-GOING "GUT CHECK"

Education Vision Workshop:
What steps can we take to improve the education of residents in north central Iowa?

Productive and Engaged Youth	Readiness to Achieve in School	Academic Achievement				
Afterschool and summer school tutoring programs for all	Increased % of schools offer pre-K/school	Graduation rates increase until we get to 100%	Increase reading level achievement for 100% of 4th graders	Schools offer college/vocational training (increase 25%)	Increase availability of on-line classes	Increase parent/teacher communication
Students 100% participation in extracurricular activities	Preschoolers to attend at least one year of preschool	Graduation Task Force	100% of 4th grade kids proficient in reading	90% graduate at High School math and reading levels	100% of students have computers at school and home	Intervention contracts
Community more involved in academics	100% north Iowans enrolled in quality preschool		Increased tutoring for remedial students	Adopt Iowa Core Curriculum		Incentives for parents to attend parenting class

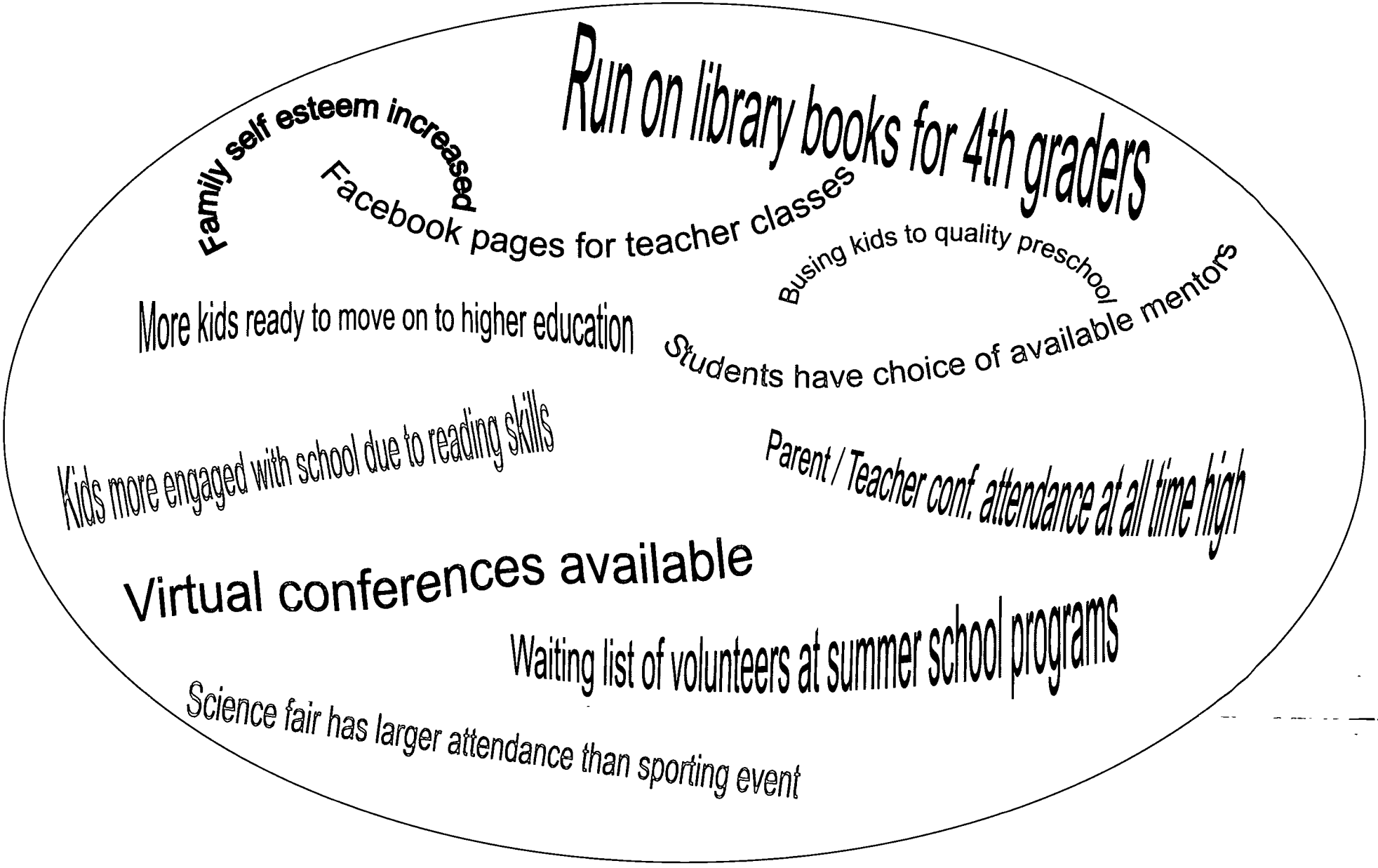
Education
Current reality in relation to our desired practical vision.

Upside	Current internal strengths • Strong education system • Strong community support • Outlines not too drastically low • Teacher union strong	External opportunities • Engage community • Consolidation of schools • On-line classes • Convene more public/private partnerships • Create more experiential learning opportunities	Potential benefits of success • Students better prepared for the world • More employable young people • Less need for social service • Stronger more accountable school system • 100% graduation rate with quality education
Downside	Current internal weaknesses • School funding • State mandates • Referendums not passing • Teachers' low pay • Classroom technology • Lack of relevance for some students • Social/emotional health issues in school	External threats • Lack of funds/budget cuts • Economy causing relocation of families outside of the district • Lack of volunteer time for workforce • Tough to engage unmotivated students outside school day	Potential dangers of success • Cost of increased vocational training • Program expansion related to cost

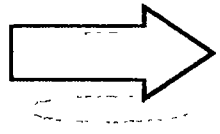
Education Underlying Obstacles:
What is blocking us from moving toward our vision?

Outdated Perception of Preschool Reduces Availability	Fragmented Vision Reduces Community Support	Neglected accountability limits potential	Insufficient Resources Limits Access	Outdated Government Inhibits Progress	4-year bias reduces acceptance of Vocational-Technical skills
• Difficult to show the need for preschool • Insufficient info on the importance of preschool • No universal preschool measurement tool	• Unsupportive community • Fragmented community support • Reluctant property taxpayers	• Unmotivated students, parents and teachers • Unmotivated students and parents in academics • Conflicting ideas as to who is responsible for academic achievement • Need to intervene with students at early ages	• Inaccessible transportation for working parents • Inaccessible technology at home • Need updated technology to teach 21st century skills	• Outdated Iowa School District Policy • Unclear objectives and timeline of Iowa Core • Misdirected school funding • Teacher contracts vs. union rules	• Reluctance to push Vo-Tech education • Need more STEM (Science, Technology, Engineering and Math) academies

The Education Victory Circle
What the community would look like if our vision were a reality!



Education Strategic Directions

The following actions address those directions.		
We Intend to...	In order to address the following strategic direction	Strategic Directions
• Improve literacy skills • Increase experiential learning • Increase access to technology		Expanding Skills and Opportunities
• Improve relational skills • Increase community involvement • Promote public awareness		Engaging the Community
• Change education policy • Maximize productivity / increase accountability		Challenging the Status Quo

Education Strategic Directions Workshop:
What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?

Change Education Policy	Increase Experiential Learning	Increase Community Involvement	Improve Early Literacy	Increase Access to Technology	Improve Relational Skills	Promote Public Awareness	Maximize Productivity and Accountability
Mandate preschool in Iowa	Encourage internships	Create local graduation task force	Develop strong early childhood education through 4th grade reading program	Create 24-hour access for public to use technology	Poverty simulations for teachers and businesses	Develop marketing campaign for technology in schools	Create observation forms for parents in classroom
Lobby for universal Pre-k measurement tool	Create more vocational clubs in/after school	Develop mentor programs and study groups	Parent/student testimonials on benefit of early childhood education-public Relations	Investigate ways to lower cost of technology; cloud computing	Relationship training for parents, students and teachers	Glee show for STEM (Science, Technology, Engineering Mathematics,	Create reward system for academic achievement
Develop cost/benefit analysis of govt. education funding	Career education in H S and Middle School	Reconnect community and school through volunteerism	Develop and fund more tutoring programs at young ages		Employers match lunch breaks with teachers to conference	Develop standardized video of benefits of preschool	Tie teacher pay to classroom performance
Reward student/teacher excellence Pay for performance	Create school/business partnerships for externships	Community volunteer group provide transportation	County-wide transportation access to quality preschool			Develop program to utilize existing events to raise awareness	
Change funding policy More flexibility		Private / public partnership to provide transportation					
Allow 3 year High School students when appropriate /enough credit		Panel study feasibility of more STEM courses in High School					

Income

Promoting Financial Stability and Independence.

What we have learned on this journey:

- In Iowa, employers reported that 39% of applicants applying for a job lacked written communication skills (Iowa Workforce Development, June 2009).
- Some people find it difficult to work for a delayed reward:
  - Continuing education beyond High School;
  - Hopping from job to job;
  - People are not saving for future.
- People want to "Keep up with the Joneses."
- Some attitudes lead people to spend available money on wants vs. needs.
- Elderly allow other family members to dictate how dwindling funds are spent.
- Dependability (62.9%) and Motivation (62.6%) were the top soft skills that companies said were lacking in applicants (Iowa Workforce Development, June 2009).
- Not all jobs in our area provide livable wages with benefits; 58% of low-income children in Iowa have a parent who works full-time, year round (National Center for Children in Poverty, September 2008).
- There is a shortage of affordable housing in this area; approximately 21,280 Iowans were homeless at some point in 2005 (Iowa Statewide Homeless Study, 2005).
- We are working to promote financial stability and independence.

United Way

United Way
of North Central Iowa

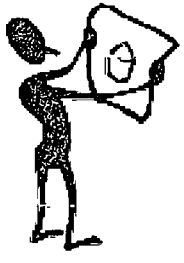
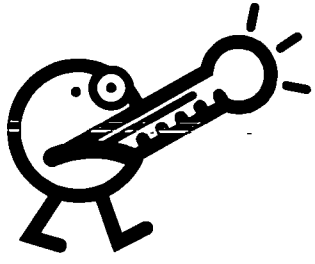
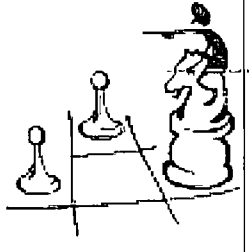
Together, united, we can create positive change for the common good in north central Iowa.

GIVE. ADVOCATE. VOLUNTEER.

Contact us to get involved:
United Way of North Central Iowa
600 1st Street NW, Ste 102
Mason City, IA 50401
641-423-1774
1-877-GAV-UWNCI
www.unitedwaynci.org

OVERARCHING FOCUS QUESTION:

What steps could we take to improve the education, income and health of residents in north Central Iowa?

PRACTICAL VISION WORKSHOP QUESTION:	CURRENT REALITY IN RELATION TO THE VISION	UNDERLYING CONTRADICTIONS WORKSHOP QUESTION:	SUBJECT MATTER EXPERTS:	STRATEGIC DIRECTIONS WORKSHOP QUESTION:	ALIGN AND RATIFY RESULTS...ON-GOING "GUT CHECK"
90 minutes	20 minutes	60 Minutes	90 Minutes	60 minutes	
What do we want to see in place in 3 years as a result of our actions?	What is our current reality? What are our strengths and weaknesses?	What is blocking us from moving toward our vision?	What do we need to know about our current reality, underlying obstacles, and best practices to move forward?	What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?	
			Select Subject Matter Experts 		
What information do we need?					

Income Vision Workshop:
What information do we need about income and promoting financial stability and independence in north central Iowa in order to make strategic funding decisions?

Achieving Financial Stability

Increasing Income		Increase Short Term Savings (Building Savings)		Increase Long Term Assets (Gaining and Sustaining Assets)	
New job training	Increase job skills program enrollment	Increase savings account balance to $500/house	Financial literacy – not over-extended credit	Cost of housing less than 40% of income per household	Decrease in bank loan default rates and personal bankruptcy
Growth in job training	2% decrease in unemployment % for North Iowa	Increased (positive) savings rate	Increase # of people who have had financial/ budget education	Decrease foreclosure rate	Reduction in number of bankruptcies
"New" job created	Less reliance on healthcare industry for jobs		Increasing knowledge of available resources		
High school grads able to support themselves	More available blue collar opportunities				
Improved job quality ($)	Average income per household to increase 10%				
5% increase in high school graduation rate	Decrease in the number of parents receiving aid for childcare				

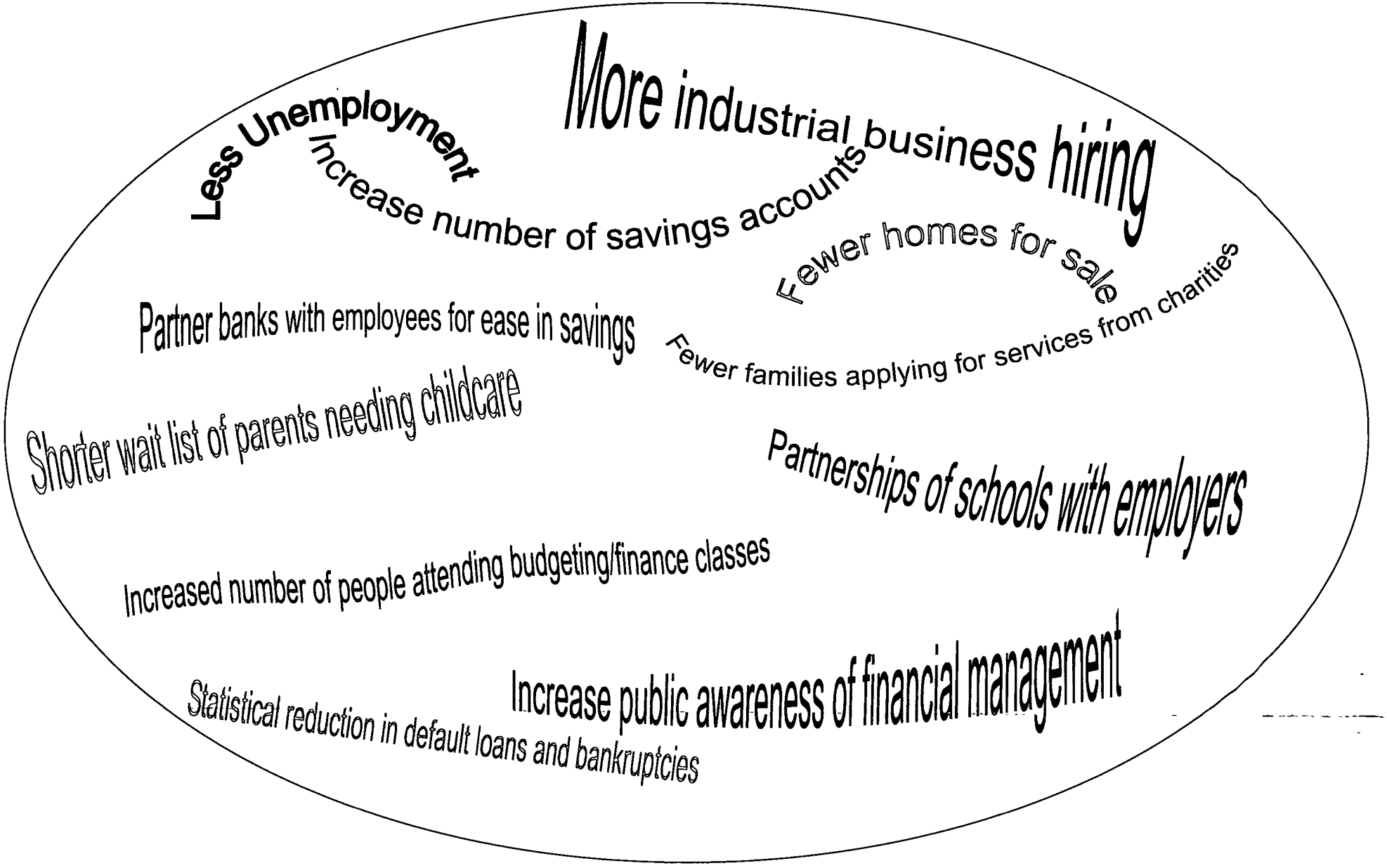
Current reality in relation to our desired practical vision.

Upside	Current internal strengths • Recognize need to change • United Way can coordinate the effort	External opportunities • Government funding for housing, etc is high priority right now • Banking industry relaxing foreclosure activity	Potential benefits of success • Higher employment • Increased savings • Less/fewer bankruptcies • Increase in grad rates • More jobs to the area
Downside	Current internal weaknesses • We are not involved in all today • Increasing unemployment rates	External threats • Increasing unemployment rates • Inflation and/or wage freezes	Potential dangers of success • Over-demand on agencies • Frustration • Impact to economy (less spending) • Shortage of jobs in training area • Housing sales decrease

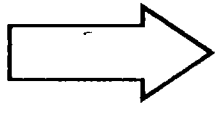
Income Underlying Obstacles Workshop:
What is blocking us from moving toward our vision?

External Influences Impede Financial Well-Being	United Way Policies Prevent Change	Attitudes Prevent Growth and Accountability
• Poor Economy • Devalued Assets • Uncompetitive Manufacturing • Educational Budget Cuts • Tax Laws • Bank Regulations	• Over-whelming Tasks • Reluctance to say no to poor programs run by nice people • United Way restricted from funding Economic Development Corporation (EDC) type entities in the past	• Unrealistic Expectations • Reluctant to Change • Misplaced Priorities • Now Thinking • Narrow View of What's Possible • Fear of Unknown • Disorganized Parents • Family Culture • Unmotivated Employee Pool • Work Attitude • Overwhelming Task

The Income Victory Circle
What the community would look like if our vision were a reality!



Income Strategic Directions

The following actions address those directions.		
We Intend to...	In order to address the following strategic direction	Strategic Directions
• Build family values • Change attitudes		Reviving Personal Responsibility
• Promote self-sufficiency and financial literacy • Improve job readiness		Empowering Workforce
• Support dreams • Increase long term planning		Enhancing Futures

Income Strategic Directions Workshop: What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?					
Building Family Values	Changing Attitudes	Promote Self-Sufficiency & Financial Literacy	Improving Job Readiness	Support Dreams	Increase Long-Term Planning
Promote educational programs to teach soft skills	Life coaching for public assistance participants	Invest in family budgeting classes	Further develop "Ready by 21"	Conduct dreaming activity	Educate current opportunities for long term goals
Program for parents (Life Training)	Mentoring by personal bankers to help individuals	Budget classes for priority setting (misplaced priorities)	Promote programs -Job shadowing -Visits from industries	Share real-life success stories	Support recruitment efforts to return college graduates to area
Programs to include family basics	Stop enabling people who do not want to support themselves	Providing a "seed" to saving	Partner with school including job training	Training on how to address an overwhelming task	Increase long term focus of goal setting
Encourage community involvement for service		Support tax coalition for families	Teach kids importance of education in obtaining employment		Fund more preventative programs rather than reactive
Program to work with schools (graduation rate)					Fund programs to fill educational budget cut gaps

Health

Improving The Health Of All People.

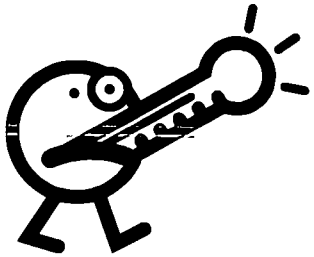
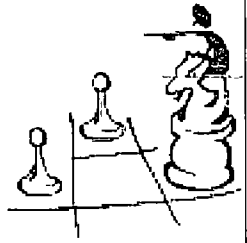
What we have learned on this journey:

In Iowa, more than one out of four (26.6%) under the age of 65 went without health insurance for all or part of a two year period (2007-2008) (Families USA, The Uninsured: A Closer Look at Iowans without Health Insurance, March 2009).

- Prevention vs. emergency care. Some people tend to wait until emergency services are needed to receive care which then creates a fear of the provider.
- People do not connect physical health with dental health with mental health when striving to achieve "good health".
- Many victims of domestic and sexual assault do not report the abuse due to stigma, fear or concerns about ability to pay for services. With that in mind, there were 615 cases of confirmed child abuse children reported in our 9 county area in 2009 (www.pcaiowa.org).
- 30 to 40 percent of emergency room visits relate back to the use of alcohol, tobacco, or other substance abuse.
- Iowa has the 22nd highest rate of adult obesity in the nation (26.7 percent) and the lowest of overweight youth, ages 10 to 17 (26.5 percent) (Trust for America's Health, July 2009)
- Stigma affects many areas of health from mental health issues (depression, suicide, bipolar disorder, etc.) to drug addictions to domestic violence and abuse.
- We need to get people to first take care of themselves. Cannot buy our way to health.
- We are working to improve the health of north central Iowans.

OVERARCHING FOCUS QUESTION:

What steps could we take to improve the education, income and health of residents in north Central Iowa?

PRACTICAL VISION WORKSHOP QUESTION:	CURRENT REALITY IN RELATION TO THE VISION	UNDERLYING CONTRADICTIONS WORKSHOP QUESTION:	SUBJECT MATTER EXPERTS:	STRATEGIC DIRECTIONS WORKSHOP QUESTION:	ALIGN AND RATIFY RESULTS...ON-GOING "GUT CHECK"
90 minutes	20 minutes	60 Minutes	90 Minutes	60 minutes	
What do we want to see in place in 3 years as a result of our actions?	What is our current reality? What are our strengths and weaknesses?	What is blocking us from moving toward our vision?	What do we need to know about our current reality, underlying obstacles, and best practices to move forward?	What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?	
			Select Subject Matter Experts 		
What information do we need?					

After a brief scan of data – What is one issue in the health area that you feel strongly about?

Health Vision Workshop:
What do we want to see in place in 2-3 years as a result of our actions?

Dental Health	Safe Family Environment	Preventative Health	Substance Usage and Abuse	Mental Health Services
Facilitate access to health/dental services	Enhance education for adults and children to reduce domestic abuse	Promote healthy nutrition and exercise	Start education earlier – sex, drugs, alcohol	Expand TeenScreen to all youth organizations (i.e. church)
Develop "Give Seniors a Smile"	Encourage safe nurturing homes	Educate community about healthy eating behaviors	Community awareness of drunk driving of teens	100% of schools involved in Teen Screen
	Children are safe from domestic/sexual violence	Regularly scheduled exercise for everyone!	Motivating structured after/before school activities/guidance	Continue and expand Teen Screen
		Work collaboratively to reduce childhood obesity		Increase screening and family/ individual intervention for teen suicide
				Peer to peer suicide intervention (watch for warning signs!)
				Ensure mental health services are in <u>all</u> counties

Current reality in relation to our desired practical vision.

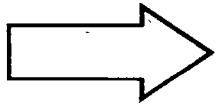
Upside	**Current internal strengths** • Many agencies in the community to provide services • Engaged community • Strong school systems and support to address needs • Willingness to volunteer • Facilities - YMCA	**External opportunities** • Dental – create more programs (i.e. seniors) • Mental health – expand TeenScreen • Substance Abuse – United Way act as great convener for available programs (identify gaps)	**Potential benefits of success** • Reduce suicide tendencies • Eliminate underage pregnancy • Community benefits from health lifestyles • Safe family environment reduces other categories • Helps with health and self esteem
Downside	**Current internal weaknesses** • Lack of funding • Access to agency • Shortage of providers for specific areas (psych/youth) • Family environment • Economy • Lack of knowledge about services (from schools/community)	**External threats** • Dental – not enough programs for underinsured • Mental health – not enough providers • Earlier age in which children are "abusing" • Lack of parent involvement	**Potential dangers of success** • Other areas may suffer (ex: education or income) • Sustainability

Health Underlying Obstacles Workshop: What is blocking us from moving toward our vision?		
Fear Prevents Involvement	Pervasive Ignorance of Issues Prevents Change	Social Norms Promote Unhealthy Lifestyles
• Reluctant to break silence • People afraid to ask • Reluctance of peers to step in on suicide issues • Hesitancy to become involved • Organizations stigma – back off from topic	• Biased thinking • Reluctance to change • Reluctant to try new behaviors • Unmotivated community members (ex: exercise)	• Social thought on who is responsible to do it • Daily presence of violence (i.e.: ads, games, TV, etc.) • Advertisers encourage poor diet • Change public attitude (i.e. drunk driving)

Health Underlying Obstacles Workshop, Continued: What is blocking us from moving toward our vision?

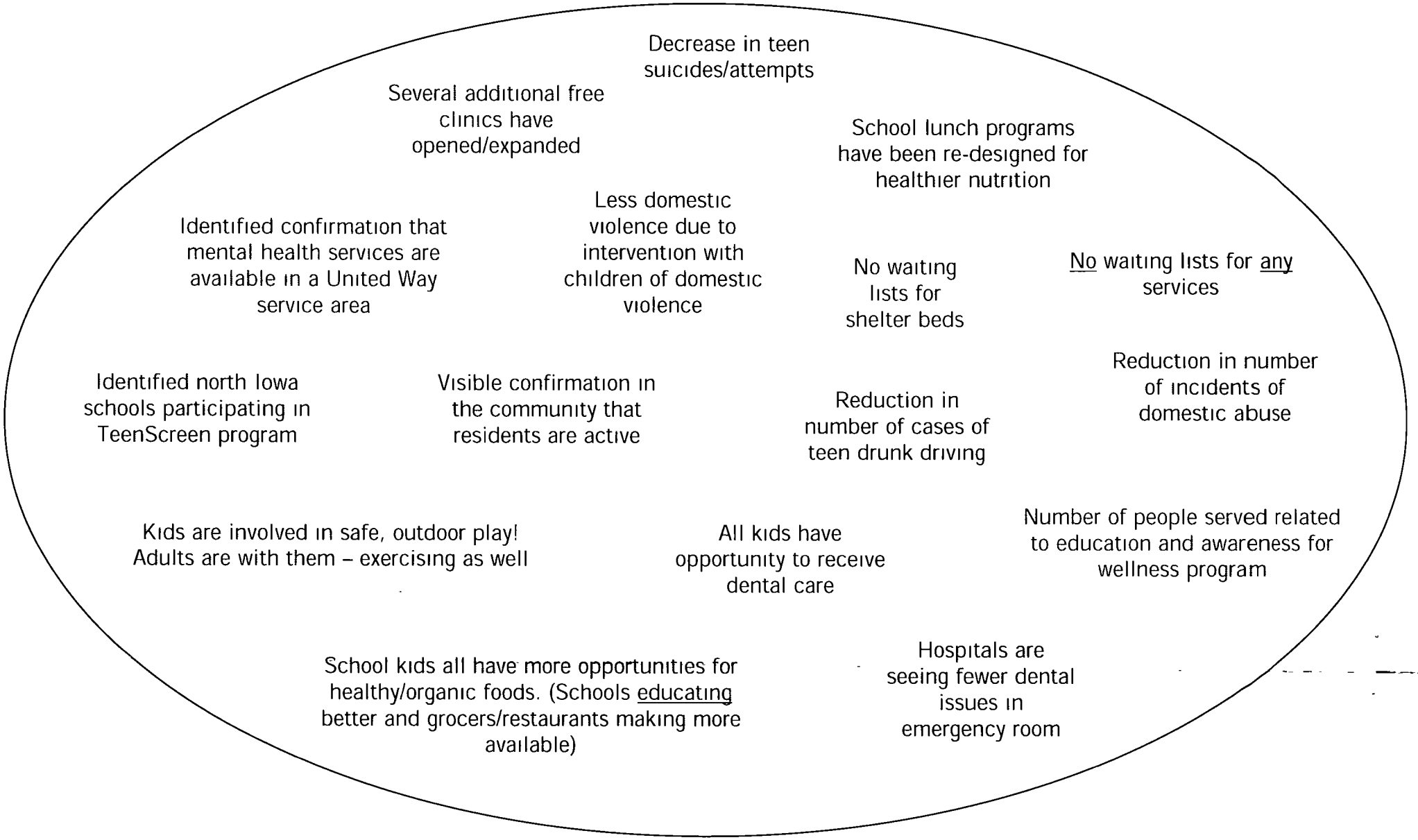
Agency Cultures Prevent Coordination and Collaboration	Funding Priorities Reduce Access to Health Services	Family Dynamics Prevent Healthy Lifestyles
• Restrictiveness of scope of agencies • Uncoordinated agencies need to partner	• Excessive health food costs • Funding inaccessible and restricted • Inaccessible health coverage • Inaccessible funding • Inaccessible and restricted dental services • Poor demographics and amenities • Need for additional care providers • Shortage of dentists willing to assist • Inability to recruit providers to north Iowa	• Restricted resources • Restricted access to role models • Excessive substance abuse at earlier age • Confusion on what is a nurturing home • Kids are not allowed to be kids • Family culture • Insecure in parenting skills • Children learning conflicting values from parents • Reluctant and unmotivated parents • Difficult or challenging home Environments

Health Strategic Directions

The following actions address those directions.		
We Intend to...	In order to address the following strategic direction	Strategic Directions
• Advocate for health issues • Develop marketing plans		Expanding Understanding of Health Issues
• Incentivize healthy lifestyles • Expand access to healthcare		Empowering Self-Care
• Build partnerships • Define community outcomes		Achieving Community Results

Health Strategic Directions Workshop: What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?					
Advocate for Health Issues	Develop Marketing Plans	Incentivize Healthy Lifestyles	Expand Access to Healthcare	Build Partnerships	Define Community Outcomes
Lobby for reimbursements for Medicaid	Media campaign nutrition, obesity, dental health	Community initiative to encourage wellness (contest with prizes)	Service providers screen for other issues (mental health, domestic violence, dental health, general health)	Nutrition counselor to dialogue group on school menus	Central agency coordinating
Agencies and individuals informing government of needs	Media campaign: eliminate stigma – eliminate fear – Happens – there's help	Healthy eating challenge	Pay off student loans for medical providers that relocate here	Community organization partnering with schools to provide education on family skills, mentoring, etc	Require community outcomes
Boycott products to produce positive results	Media campaign volunteer engagement	Community leaders setting example of good health and nutrition	Recruit mental health providers that serve 0-17 year olds	Convene community partnerships	
Encourage "Slow Food" movement	Community ad campaign about nutrition in schools	Incentive to get people involved		Nutrition class at schools for parents	
Bar 'Slush Fund' as alternative to drunk driving	Consistent healthy messages at schools				

The Health Victory Circle
What the community would look like if our vision were a reality!



Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
United Way of North Central Iowa		42-0680431

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	5,873
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,873
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Miscellaneous	16,402.	7,187.	7,750.	3,352.	3,306.
Total	$ 16,402.	$ 7,187.	$ 7,750.	$ 3,352.	$ 3,306.

Schedule D, Part XII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

Special Event expenses		$ -6,073.
	Total	$ -6,073.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Special Event expenses		$ 6,073.
	Total	$ 6,073.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
United Way of North Central Iowa	42-0680431

Number, street, and room or suite number If a P O box, see instructions
600 1st Street NW #102

City, town or post office, state, and ZIP code For a foreign address, see instructions
Mason City, IA 50401

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Jennifer Kammeyer

Telephone No. ► 641-423-1774 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 09 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization	Employer identification number
United Way of North Central Iowa	42-0680431
Number, street, and room or suite number If a P O box, see instructions: Potter & Brant, P.L.C. PO Box 7	For IRS use only
City, town or post office, state, and ZIP code For a foreign address, see instructions: Clear Lake, IA 50428-0007	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Jennifer Kammeyer
  Telephone No. ► 641-423-1774 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 10.

5 For calendar year 2009, or other tax year beginning _____, 20 __, and ending _____, 20 __.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension The volunteer board of directors has not had sufficient time to completely review the IRS 990.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date ►